

ase type a plus sign (+) inside this box 🕕 🔲

PTO/SB/50 (1-00)

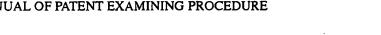
MANUAL OF PATENT EXAMINING PROCEDURE

Approved for use through 09/30/00. OMB 0651-0033
Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.									
REISSUE PATENT APPLICATION TRANSMITTAL									
Address to: Assistant Commissioner for Patents Box Patent Application	Attorney Docket No. First Named Inventor Original Patent Number Original Patent Issue Date								
Washington, DC 20231	(Month/Day/Year) 06/05/7 Express Mail Label No. EL56706615								
APPLICATION FOR REISSUE OF: Utility Petent (Check applicable box)	Design Patent Plant Patent								
APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS								
1. Submit on original, and a duplicate for fee processing)	8. Foreign Priority Claim (35 U.S.C. 119) (If applicable) Copies of IDS information Disclosure								
2. X Applicant claims small entity status. See 37 CFR 1.9 and 1.27. 3. X Specification and Claims (emended, if appropriate)	Statement (IDS)/PTO-1449 Citations 10. English Translation of Relasue Oath/Declaration								
4. X Drawing(s) (proposed amendments, if appropriate)	(if applicable)								
5. Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51or 52)	11. Preliminary Amendment Return Receipt Postcard (MPEP 503) (Should be specifically itemized)								
Original U.S. Patent Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/S8/53 or PTO/S8/54)	13. Other:								
or	***************************************								
Ribboned Original Patent Grant Statement of Loss (PTO/SB/55)									
7. Original U.S. Patent currently assigned?									
Yes No									
(If Yes, check applicable box(es))									
Written Consent of all Assignees (PTO/SB/53 or 54)									
37 C.F.R. § 3.73(b) Statement Power of Attorney									
14. CORRESPONDENCE AL	DDRESS								
Customer Number or Bar Code Label	or 🔼 Correspondence address below								
Name Car C. Kling									
PO BOX 305									
Address State	NY Zip Code 10532-0305								
Country 115 Telephone	914/525-8530 Fax 203/422-2546								
	Registration No. (Attorney/Agent) 19137								
Claratura (1. A. A. V. V. L. L. C.	Date 06/01/2060								
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will	vary depending upon the needs of the individual case. Any comments of normation Officer, Patent and Trademark Office, Washington, DC 2023								
the amount of time you are required to complete this form should be seril,to the Crisis (DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assi 20231.	istant Commissioner for Patents, Box Patent Application, Washington, C								

1400-4

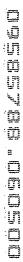
MANUAL OF PATENT EXAMINING PROCEDURE



PTO/SB/56 (12-97)
Approved for use through 9/30/00. OMB 0651-0033
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
d to a collection of information unless it displays a valid OMB control number.

nder the Paperwork Reduction Act of 1993, no persons allo required an elegand of a						Docket Number (Optional)					
REISSUE APPLICATION FEE TRANSMITTAL FORM											
Cleims as Filed - Part 1											
Claims in	For		er Filed in (3) Avaligation Number Extra		Small E				Small Entity		
Patent			Application	****		Rate	Fee		Rate	ree	
(A) 3	(37 CFR 1.16(j))	(B) 7	,		=	× \$=	0	or	x \$=	0.	
(C) 2	Independent Claims (37 CFR 1.18(i))	(D) 4		<u></u>	=	x \$_ <u>3.9</u> _=	39		x \$=	39	
Basic Fee (37 CFR 1.16(h))							\$3.4. 5			\$ <u>345</u>	
Total Filing Fee							\$384		OR	\$ 384	
		Clain	าร as Amer	ided		7					
	(1) Claims Remainir		(2) Highest Nur	mber	(3) Extra	Small E	ntity Other than a Small Entity			a Small Entity	
	After Amendme	nt	Previously Paid For		Claims Present	Rate	Fee		Rate	Fee	
Total Claims (37 CFR 1.16(j))	***	MINUS	**		=	x \$=		or	x \$ =		
Independent Claims (37 CFR 1.1	***	MINUS	****		=	x \$=		0.	x \$=		
			Te	otal A	Additional	Fee	\$		OR	\$	
*** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. ***********************************											
				-							

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC: 20231.



CERTIFICATE OF MAILING

This certifies that the accompanying communication is being mailed on the below date of mailing, by prepaid EXPRESS MAIL properly addressed to:

Assistant Commissioner for Patent

Box Patent Applications

Washington DC 20231

Person Mailing--Carl C. Kling

and Attorney (Reg. 19,137)

Date of Mailing

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

:Robert W. Brown and Bruce A. Kade

Serial Number Filing Date

2000

By Express Mail

Title: Method of Preparing Bagel Dough to Make English Muffin Bagels

TRANSMITTAL AND FEE AUTHORIZATION

ASSISTANT COMMISSIONER FOR PATENTS WASHINGTON DC 20231

Sir:

Enclosed are the following:

[XX] Return postcard.

[XX] Check for \$384.00.

[XX] Reissue Application

[XX] Formal Drawings (1 sheet).

[XX] Declaration (3) sheets.

[XX] Small Entity Statement

[XX] Patent Specification (14) sheets.

[XX] The Commissioner is authorized and requested to charge any additional fees, or to credit any overpayment, to:

Deposit Account 11-1257

Respectfully submitted,

Robert W. Brown and Bruce A. Kade